



PREVENTION AND PRACTICE: BEHAVIORAL HEALTH AMONGST INDIVIDUALS WITH DISABILITIES

SESSION 1



MAY 6, 2026

Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise virtual hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email
- *Let us know about you!*
 - State
 - Organization name
 - Title
 - What brings you here today



NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING

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Prevention and Practice: Behavioral Health Amongst Individuals with Disabilities

Session 1: Introduction

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Learning Objectives

- 1. Provide details** regarding the epidemiology of substance use among young adults with disabilities.
- 2. Discuss risk and protective factors** specific to youth with physical, intellectual and developmental disabilities.
- 3. Review a simulated case study** of a disabled patient in the primary care setting.
- 4. Discuss clinical and health-related needs** for patients seeking at health centers.

Epidemiology of SUD in Individuals with Disabilities



HHS Public Access

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Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain

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Researchers found disability was associated with a **1.43x (or 43% greater)** odds of daily nicotine use.



Individuals with disability indicated a **reduced risk of current alcohol use 0.77x (33% lower)**.



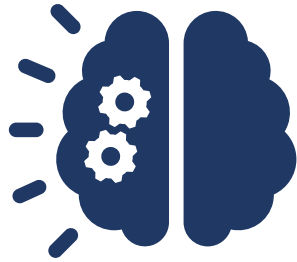
Researchers found disability was associated with a **1.99x (or 99% greater)** odds of prescription drug misuse.

Link to publication: [Reif et al, 2022](#)



Epidemiology of SUD: New Onset Diagnoses

Adults with disabilities experience higher levels of mental health and substance use conditions, and lower treatment rates than adults without disabilities. These associations have shown increases in recent years.



38.8% reported new substance use during the pandemic



30.6% had seriously considered suicide in the past 30 days

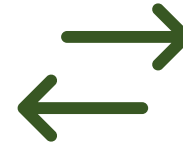
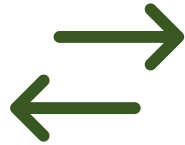


56.6% reported symptoms of anxiety or depression



Epidemiology of SUD in Individuals with Disabilities

SUD is a multifaceted problem that can be best explained by an interplay between biological, psychological and health-related needs factors.



Biological factors:

Genetics, physiological effects of substances

Psychological factors:

Personality traits, comorbid psychiatric conditions

Health-related needs

factors: Status, peer pressure, SUD in community network



Discussion Question

Based on your experience serving youth with disabilities, what do you think are the risk factors for substance use in this group of individuals?

How are these risk factors managed in your practice and at your health center?



Risk Factors: Youth with Disabilities and SUD

In the most recent systematic review on this subject, Duijvenbode et al. present risk factors for SUD amongst youth with disabilities based on a review of 993 studies



**Difficulties with
peers**



**Lack of daytime
activities**



**Poor living
conditions**

Link to source: [Duijvenbode et al.](#)



Risk Factors: Youth with Disabilities and SUD



**Substance use by
role models**

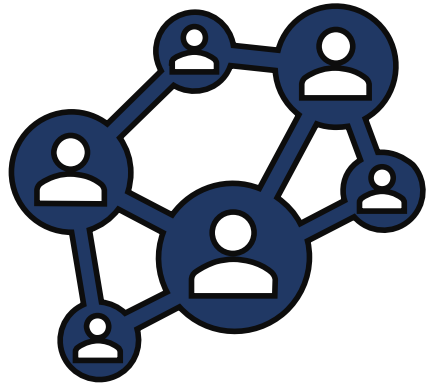


**Mild or borderline
intellectual
disability**

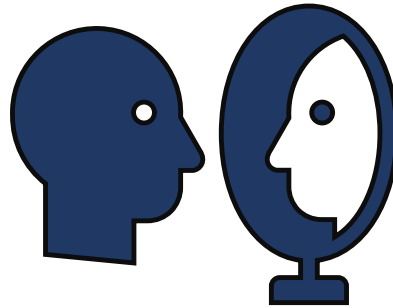
Link to source: [Duijvenbode et al.](#)



Protective Factors: Youth with Disabilities and SUD



Social, emotional, behavioral, cognitive and moral competence



An individual's belief that they can modify, control or abstain from substance use



Involvement in spiritual or religious practices

Risk Factors and Behavioral Traits: Impulsivity

For youth with SUD, their likelihood of substance use is heavily dependent on personality type, with each preventing unique risks for substance use and methods for treatment.

Impulsivity: Adolescents lack the ability to delay a behavioral response when faced with immediate reinforcement.

Consequences: Greater vulnerability to experimentation, difficulty with delay of gratification, lower inhibition in social settings.

Comorbidities: Often co-occurs with aggression, rule-breaking or ADHD-like behaviors, compounding substance use risks.

Link to source: [Schijven et al.](#)



Methods for Managing Impulsivity

For youth with SUD, their likelihood of substance use is heavily dependent on personality type, with each preventing unique risks for substance use and methods for treatment.



1. **Psychoeducation tailored to cognitive level:** Explain the link between impulsive decisions and negative outcomes using simple, concrete language.



2. **Skills training and rehearsal:** Practice “stop and think” strategies. Use role-plays for common high risk-scenarios (being offered alcohol). Teach coping mechanisms (walking away or calling a confidant).

Link to source: [Schijven et al.](#)



Methods for Managing Impulsivity

For youth struggling with impulsivity, the involvement of confidants and aspects of cognitive behavioral therapy can improve outcomes.



- 1. Behavioral rehearsal with immediate reinforcement:** Emphasize short-term regards for controlled behavior (tokens, privileges, praise).



- 2. Involve confidant's or support figures:** Involving a caregiver or family member in therapy and treatment provides real-life reinforcement and behavioral scaffolding.

Link to source: [Schijven et al.](#)

Jordan is a 17-year-old male with a history of Mild Intellectual Disability (IQ 68), ADHD-combined type, and type 1 diabetes who presents at his primary care appointment with his grandmother. Jordan is insulin-dependent and uses a Dexcom G6 continuous glucose monitor.

Jordan presents today 1-week after visiting the ER for delayed hypoglycemia which occurred after alcohol intoxication.

A review of Jordan's chart also reveals the following:

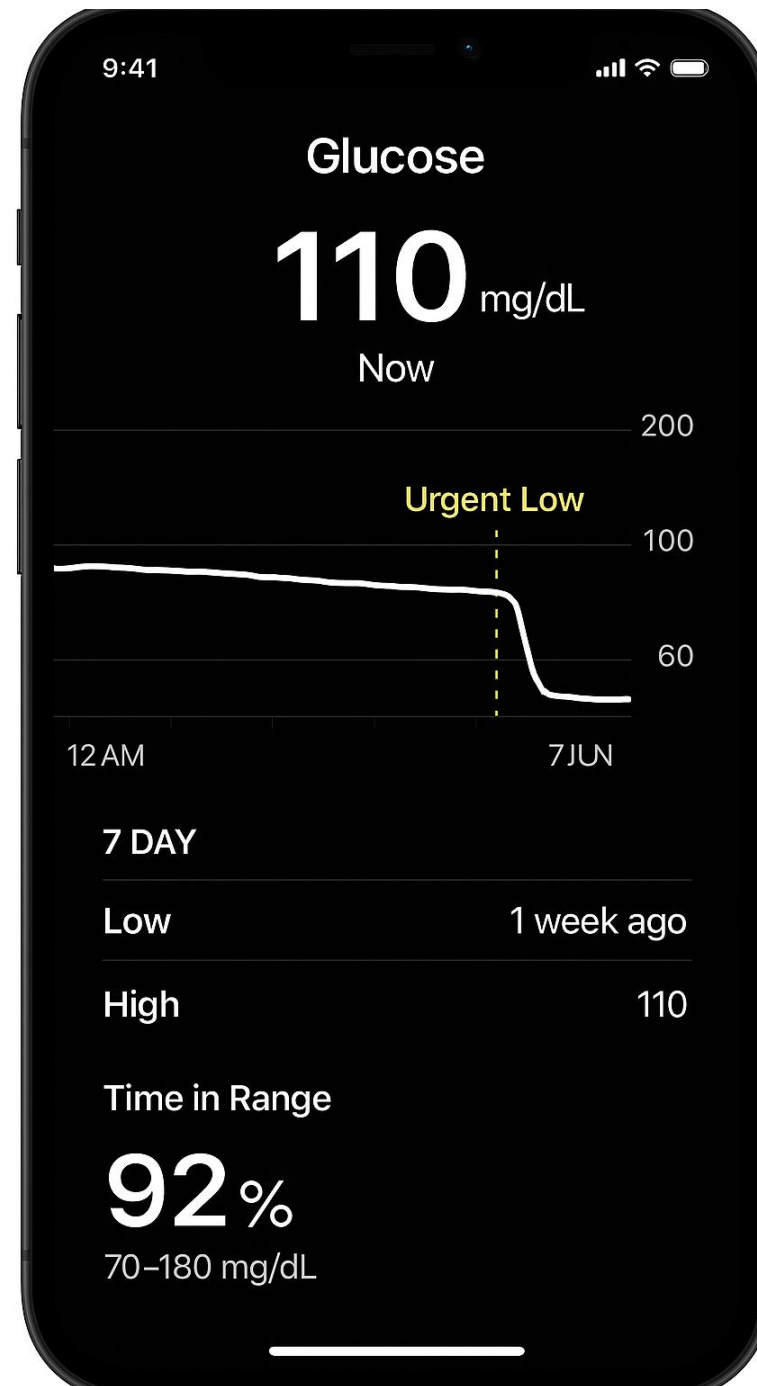
- Two Emergency Department visits have occurred in the past 3 years due to hypoglycemia following alcohol exposure.
- Experimental cannabis and alcohol use beginning at age 14.
- No current SUD diagnosis.
- Attends special education classes, lives alone with his grandmother.
- His school records note increased impulsivity, risk-taking and conflict with peers.

You perform a focus interview with Jordan and his Grandmother. The following is reported and recorded:

- Jordan has exhibited an increase in conflict-driven behavior.
- He regularly leaves the house without telling anyone.
- His grandmother is concerned he is being influenced by older teens in the neighborhood.
- Jordan is noted to be “always looking for something exciting”
- He has received two recent school suspensions for aggressive, impulsive outbursts.

Throughout the interview, Jordan remains withdrawn and resists interaction.

You review the data feed from Jordan's continuous glucose monitor on his mother's phone, and it indicates the following ->



Brief Sensation Seeking Scale (BSSS)

Response Categories

1. Strongly disagree
2. Disagree
3. Neither disagree or agree
4. Agree
5. Strongly agree

1. I would like to explore strange places
2. I get restless when I spend too much time at home
3. I like to do frightening things
4. I like wild parties
5. I would like to take off on a trip with no pre-planned routes or timetables
6. I prefer friends who are excitingly unpredictable
7. I would like to try bungee jumping
8. I would love to have new and exciting experiences, even if they are illegal

Brief Sensation Seeking Scale (BSSS)

1. I would like to explore strange places 4
2. I get restless when I spend too much time at home 5
3. I like to do frightening things 4
4. I like wild parties 4
5. I would like to take off on a trip with no pre-planned routes or timetables 5
6. I prefer friends who are excitingly unpredictable 4
7. I would like to try bungee jumping 5
8. I would love to have new and exciting experiences, even if they are illegal 4

Average score = 4.4, indicating high sensation seeking

Please take a moment to type your response to the following:

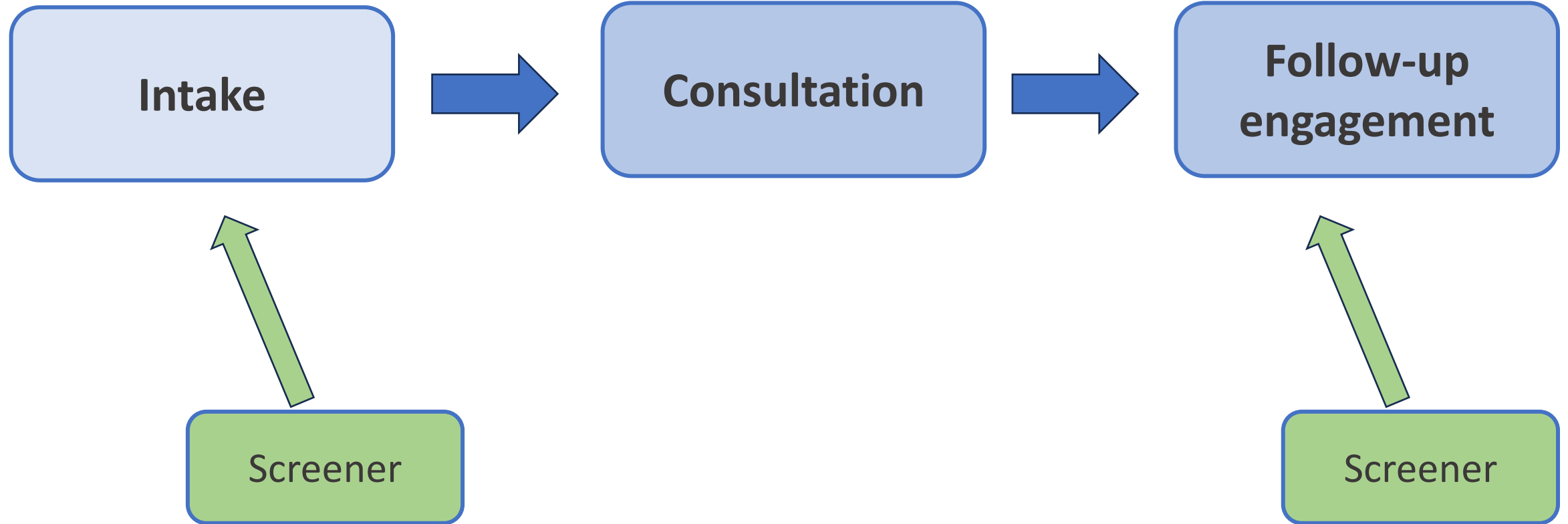
How do Jordans' behavioral problems intersect with his other medical conditions?

Please take a moment to type your response to the following:

What are the next steps to ensure that Jordan receives the appropriate care for his conditions?



Screening Patients with Disabilities



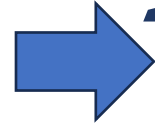


Screening Patients with Disabilities



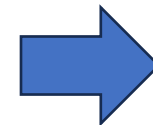
Intake

- Relationship building
- screening
- Networking



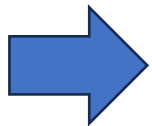
Goal Setting

- Goals set during SDOH screening



Follow-up Engagement

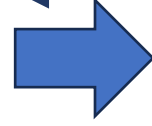
- Keeping focus on goals
- Encouragement and networking



Navigation



- Relationship building
- screening
- Networking



Coaching



- Relationship building
- screening
- Goal achievement



Case Closure



- Closure when all goals are achieved

UPCOMING SESSIONS

| | | |
|---|--|--|
| <p>Preventing Substance Use Among Young Adults with Disabilities (Community of Practice)</p> | <p>Session 2: 5/13/2026</p> <p>Session 3: 5/20/2026</p> <p>Session 4: 5/27/2026</p> | <p>https://us06web.zoom.us/j/84411200000</p> |
|---|--|--|

Q & A SESSION



Complete our Post Evaluation



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